PTO/SB/21 (09-04) Approved for use through 09/30/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Papervork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/774,877 Filing Date TRANSMITTAL February 10, 2004 First Named Inventor **FORM** Todd Simpson Art Unit 2154 Examiner Name John A, FOLLANSBEE (to be used for all correspondence after initial filing) Attorney Docket Number 87239/4 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC **|**√| Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) __ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Blake, Cassels & Graydon LLP (Custom Number: 27871) Signature Printed name Sean X. Zhang Reg. No. Date 56,058 July 28, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Date

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
					Application Number 10/77		10/774,87	4,877	
FEE TRANSMITTAL					Filing Date		February 10, 2004		
For FY 2006					First Named Inve	entor	or Todd Simpson		
[7] 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					Examiner Name		John A. FOLLANSBEE		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		2154		
TOTAL AMOUNT OF PAYMENT (\$) 700,00				Attorney Docket	Na.	87239/4			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify).									
Deposit Account Deposit Account Number: 02-2553 Deposit Account Name: Blake Cassels&Graydon LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and authorization on PTO-2638.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	F	FILING F S	EES S mall Entity	SEAF	CH FEES Small Entity	EXA	VINATION Small		
Application 1	<u>ype</u> <u>F</u>	ee (\$)		Fee (S		Fee	(S) Fee		Fees Paid (\$)
Utility	Í	300	150	500	250	20	0 10	0	
Design	3	200	100	100	50	13	0 6	5	
Plant	7	200	100	300	150	16	0 8	0	
Reissue	:	300	150	500	250	60	0 30	0	
Provisional	3	200	100	0	0	1	0	0	230000000000000000000000000000000000000
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues) Fee (S) 50 25									
Each independent claim over 3 (including Reissues)								200	100
Multiple dependent claims								360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
	0 or HP =		_ ^` 	=	500		<u> </u>	<u>ee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (S) Fee Paid (S)									
5 -3 or HP = 2 x 100 = 200									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY Signature Registration No. 56,058 Telephone 416-863-5839									
Signature -					(Attorney/Agent) 56,058			Telephone 416-863-5839	
Name (Print/Tyne)	Soan V. Zhan							Date July	y 28, 2006

Name (Print/Type) Sean X. Zhang This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.